

EXHIBIT 2

Avary Leigh v. Bottling Group, LLC.
United States District Court for the District of Maryland
Case No. 8:10-cv-00218

OPT IN/CLAIM FORM

Please Type or Print:

Name (First, Middle, Last): _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Former Names (if any): _____
First Five Digits of Social Security Number: _____
Employee ID # (if known): _____

**YOU MUST TIMELY COMPLETE, SIGN AND RETURN THIS FORM TO OPT IN TO
THIS FLSA ACTION AND TO SHARE IN THE MONETARY RECOVERY**

INSTRUCTIONS

1. Please complete, sign and mail this form to share in the recovery and opt in to this FLSA collective action.
2. If you move, please send us your new address.
3. Please do not send any supporting documentation at this time. If such documentation is deemed necessary, a separate request will be sent to you directly.
4. If found eligible, you should not expect to receive any payment until approximately _____, 2011.

YOU MUST COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE _____, 2011, ADDRESSED AS FOLLOWS IN ORDER TO RECEIVE A RECOVERY AND OPT IN TO THIS FLSA COLLECTIVE ACTION.

Bottling Group, LLC Claims Administrator c/o Rust Consulting 625 Marquette Avenue, Minneapolis, MN 55402-5616

I declare under penalty of perjury that the foregoing is true and correct and that I was employed by Bottling Group, LLC as a Relief Pre-Sell Representative at a time between January 27, 2007 through January 1, 2011.

By signing below, I understand that I am agreeing to fully and finally release Bottling Group, LLC and each of its past or present officers, directors, shareholders, employees, agents, principals, heirs, representatives, accountants, auditors, consultants, insurers and reinsurers, and its and their respective successors and predecessors in interest, subsidiaries, affiliates, parents

and attorneys and each of their company-sponsored employee benefit plans and all of their respective officers, directors, employees, administrators, fiduciaries, trustees and agents (the "Released Parties"), from all claims, demands, rights, liabilities, and causes of action of every nature and description whatsoever, known or unknown, asserted or that might have been asserted, whether in tort, contract, or for violation of any state or federal constitution, statute, rule or regulation, including federal wage and hour laws, whether for economic damages, non-economic damages, restitution, penalties or liquidated damages, arising out of, relating to, or in connection with: (1) any and all facts, transactions, events, policies, occurrences, acts, disclosures, statements, omissions or failures to act, which are or could be the basis of claims (a) that Bottling Group failed to compensate me for all hours worked, including overtime hours, in accordance with federal law; and/or (b) that Bottling Group owes wages, commissions, penalties, interest, attorneys' fees or other damages of any kind based on a failure to comply with any federal wage and hour laws, at any time on or before January 1, 2011 (whether based on federal wage and hour law, contract, or otherwise); and/or (2) the causes of action asserted, or which could have been asserted, in the Collective Action, including any and all claims for alleged failure to compensate me for all hours worked, including overtime hours, in accordance with state or federal law.

I understand this waiver and release of claims shall be binding on all me, as well as my attorneys, agents, spouses, executors, representatives, guardians ad litem, heirs, successors, and assigns.

I have reviewed the Class Notice and this form and I consent to opt in to this FLSA action and have the Named Plaintiff and Plaintiffs' Counsel represent me in this action pursuant to 29 USC § 216(b).

X	
(Sign your name here)	Date